

Docket No. R-222.00

**DECLARATION - UTILITY OR DESIGN PATENT APPLICATION**  
**(37 CFR 1.63)**

As a below named inventor, I hereby declare that:

My Residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **PHARMACEUTICAL PREPARATION COMPRISING A RECEPTOR ANTAGONIST FOR THE TREATMENT OF BLOOD COAGULATION DISORDERS**, the specification of which hereto

(check ☐ is attached  
one)

☒ was filed on May 10, 2001 as Application Serial No. 09/831,680 or PCT International Application Number \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Nos.	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
A1873/98	Austria	11/10/1998	<input type="checkbox"/>	<input type="checkbox"/>	X
PCT/AT99/00271	PCT	11/10/1999	<input type="checkbox"/>	<input type="checkbox"/>	X
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s) or 365 (c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Docket No. R-222.00

**DECLARATION - UTILITY OR DESIGN PATENT APPLICATION**  
**(7 CFR 1.63)**

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transaction all business in the Patent and Trademark Office connected therewith: Michael C. Schiffer, Reg. No. 30,215, Michael F. Fedrick, Reg. No. 36,799, C. Joseph Faraci, Reg. No. 32,350 and Janice Guthrie, Reg. No. 35,170.

Direct all correspondence to:

Michael F. Fedrick  
Baxter Healthcare Corporation  
P.O. Box 45210  
Irvine, CA 92623-5210  
Telephone: (818) 550-4569  
Facsimile: (949) 474-6330

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<p>1-6</p> <p>Name of Sole or First Inventor: <u>Hans-Peter Schwarz</u></p> <p>Inventor's signature: <u>[Signature]</u></p> <p>Date: <u>Dec. 7. 2001</u></p> <p>Residence: <u>Schindlergasse 32</u> <u>Vienna, Austria A-1180</u> <i>ATX</i></p> <p>Citizenship: Austrian</p> <p>Post Office Address: same</p>	<p>Name of Second joint Inventor: <u>Peter Turecek</u></p> <p>Inventor's signature: <u>[Signature]</u></p> <p>Date: <u>Dec 10. 7. 2001</u> <i>2-4</i></p> <p>Residence: <u>Weidling, Hauptstrasse 59 g</u> <u>Klosterneuburg, Austria A-3400</u></p> <p>Citizenship: Austrian <i>ATX</i></p> <p>Post Office Address: same</p>
<p>3-6</p> <p>Name of Third Joint Inventor: <u>Bernd Binder</u></p> <p>Inventor's signature: _____</p> <p>Date: _____</p> <p>Residence: <u>Freyung 6/6/9</u> <u>Vienna, Austria A-1010</u> <i>ATX</i></p> <p>Citizenship: Austrian</p> <p>Post Office Address: same</p>	

Docket No. R-222.00

**DECLARATION - UTILITY OR DESIGN PATENT APPLICATION**  
(37 CFR 1.63)

As a below named inventor, I hereby declare that:

My Residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **PHARMACEUTICAL PREPARATION COMPRISING A RECEPTOR ANTAGONIST FOR THE TREATMENT OF BLOOD COAGULATION DISORDERS**, the specification of which hereto(check ☐ is attached  
one)[X] was filed on May 10, 2001 as Application Serial No. 09/831,680 or PCT International Application Number \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Nos.	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
A1873/98	Austria	11/10/1998	<input type="checkbox"/>	<input type="checkbox"/>	X
PCT/AT89/00271	PCT	11/10/1999	<input type="checkbox"/>	<input type="checkbox"/>	X
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s) or 365 (c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Docket No. R-222.00


**DECLARATION - UTILITY OR DESIGN PATENT APPLICATION**  
**(37 CFR 1.63)**

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Michael C. Schiffer, Reg. No. 30,215, Michael F. Fedrick, Reg. No. 36,799, C. Joseph Faraci, Reg. No. 32,350 and Janice Guthrie, Reg. No. 35,170.

Direct all correspondence to:

Michael F. Fedrick  
Baxter Healthcare Corporation  
P.O. Box 15210  
Irvine, CA 92623-5210  
Telephone: (818) 660-4569  
Facsimile: (949) 474-6330

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>Name of Sole or First Inventor: Hans-Peter Schwarz</b> Inventor's signature: _____ Date: _____ Residence: Schindlergasse 32 Vienna, Austria A-1180 Citizenship: Austrian Post Office Address: same	<b>Name of Second Joint Inventor: Peter Turecek</b> Inventor's signature: _____ Date: _____ Residence: Weidling, Hauptstrasse 59 g Klosterneuburg, Austria A-3400 Citizenship: Austrian Post Office Address: same
<b>Name of Third Joint Inventor: Bernd Binder</b> Inventor's signature:  Date: 01/03/02 Residence: Freyung 6/6/9 Vienna, Austria A-1010 Citizenship: Austrian Post Office Address: same	